

REQUEST FOR COPY OF BIRTH CERTIFICATE

WARNING: False application for a birth certificate is a felony offence. Signature of applicant must be NOTARIZED (mail ONLY) or this form must be accompanied by a copy of a VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.

Date _____ Enclosed \$ _____ (amount) in _____ (form of payment) for _____ (number of copies)

I. Registrant (Person on Certificate)

Full Name at Birth		Date of Birth	Sex	FOR OFFICE USE ONLY	
Place of Birth (City, County, State)		Mother's Maiden Name (First, Middle, Last)			Mother's Place of Birth
Hospital or Facility		Father's Name (First, Middle, Last)			Father's Place of Birth

II. Applicant (Person Making Request)	Credit/Debit Card MC <input type="checkbox"/> Visa <input type="checkbox"/>		Exp. Date MM/YY	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 40%;"></div> </div>			
	Your Signature ➡ <input style="width: 100%;" type="text"/>			
	Your Name			
	Your Mailing Address (Number & Street)			
Print Plainly - Return Address	(Town, State, Zip Code)			
	Relationship to Registrant (e.g. parent, attorney, etc.)		Reason for Request	
			Phone Number (Required)	

Subscribed and Sworn to or Affirmed
 Before Me This _____
 Day of _____
 My Commission Expires _____

PARTICIPATING OFFICE LOCATIONS

For Arizona **births that occurred from 1990 to the present**, you can request certified copies by mail or in person from the county office locations or from the state office. **Please note payment types accepted at office locations: Cash (C) - in person only, Money Order (MO), Personal Checks (PC), Credit Cards (CC), Debit Cards (DC).** For all **births that occurred before 1990**, you **MUST** file your application with the state office

Cochise County Health Department 4115 E. Foothills Dr. Sierra Vista, AZ. 85635 (520)803-3900 (C) (MO) (DC) (CC)	Cochise County Health Department 1415 W. Melody Ln., Bldg. A Bisbee, AZ 85603 (520)432-9400 (C) (MO) (DC) (CC)	Coconino County Health Department 2625 N. King St. Flagstaff, AZ 86004 (928)522-7800 (C) (MO) (PC)
Graham County Health Department 826 W. Main Safford, AZ 85546 (928)428-0110 (C) (MO) (PC)	Maricopa County Office of Vital Registration 3221 N. 16th St., Suite 100 Phoenix, AZ 85016 (602)506-6805 (C) (MO) (PC) (CC) Mail to: PO Box 2111 Phoenix, AZ 85001	Navajo County Health Department 117 E. Buffalo St. Holbrook, AZ 86025 (928)524-4750 (C) (MO) (PC)
Pima County Health Department Vital Records Office 3950 S. Country Club Road Ste. 100 Tucson, AZ 85714 (520)243-7930 (C) (MO) (PC) (CC) (DC)	Pinal County Health Department 500 S. Central Ave. Florence, AZ 85232 (520)866-7318 / (800)231-8499 (C) (MO) (PC) Mail to: PO Box 2945 Florence, AZ 85232	Yavapai County Health Department 1090 Commerce Prescott, AZ 86305 (928)771-3125 (C) (MO) (PC) Certified Copies of Birth Certificates are Available by Mail Only
Yuma County Health Services Vital Records Department 2200 W. 28th Street Yuma, Az. 85364 (928)317-4530 (C) (MO)	State Office of Vital Records 1818 W. Adams St. Phoenix, AZ 85007 (602)364-1300 (C) (MO) (CC) (DC) Mail to: PO Box 3887 Phoenix, AZ 85030	

Several other county offices are preparing to make this service available. If your county is not listed, call the (602)364-1300, or see www.azdhs.gov/vitalrcd for information on where to file your request. The state office has all Arizona birth records back to the 1800's available. For all **births that occurred before 1990**, you **MUST** file your application with the **state office**.